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Bib Data Sheet

CONFIRMATION NO. 5472

SERIAL NUMBER 09/286,818	FILING DATE 04/06/1999 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. P99.0082
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** CONTINUING DATA *None* *****

** FOREIGN APPLICATIONS *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/04/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>None</i> Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 5
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TITLE
 PHARMACEUTICAL CHEWING GUM FORMULATIONS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

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☐ 1.18 Fees (Issue)☐ Other _____☐ Credit